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FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ORGANIZ | ATION | | |
|---------------------------------|---------------------------------------------|-----------------------------------------------------------------------|-----------------|---------------------------------|
| 1 Ottom 1 | (See instruction | ons) | | Office use only |
| NAME OF COMMITTEE (in f | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | |
| Butterfield for | Congress | | | |
| سسسسا | | | | |
| ADDRESS (number and s | PO Box 2571 | | | |
| (Check if address is changed) | | | | |
| | Wilson | | NC | 27894 - |
| | | CITY▲ | STATE▲ | ZIP CODE 📥 |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e | -mail address) | | |
| (Check if address X is changed) | sfalmlen@nexusstr | ategies.com | | |
| | | | | |
| (Check if address is changed) | PAGE ADDRESS (URL) | | | |
| 2. DATE 0.4 | / D D / Y Y Y Y Y Y A | | | |
| 3. FEC IDENTIFICA | TION NUMBER | C C00401190 | | |
| 4. IS THIS STATEM | ENT X NEW (N) OR | AMENDED (A) | | |
| I certify that I have examin | ned this Statement and to the best of my kn | owledge and belief it is true, correc | et and complete | |
| | Treasurer Scott R. Falmler | n | | |
| Type or Print Name of | Treasurer | | | |
| Signature of Treasurer | Electronically Filed by Scott R. I | Falmlen | Date 0 4 | 16 / 2010 |
| NOTE: Submission of fal | se, erroneous, or incomplete information ma | ay subject the person signing this s | • | |
| Office Use Only | | For further informati Federal Election Com Toll Free 800-424-95 | mission | FEC FORM 1 (Revised 02/2009) |